

N. B. In case of more than one child at a birth, a SEPARATE RETURN must be made for each, and the number of each in order of birth stated.

ARIZONA STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
STANDARD CERTIFICATE OF BIRTH.

State File No. 109
Registered No. 524

1. PLACE OF BIRTH

County Pinal State Ariz
District or Township _____ or Village _____

City Globe No. _____ (If birth occurred in a hospital or institution, give its NAME instead of street and number) St. _____ Ward _____

2. Full name of child Mona Elvanes Darton { If child is not yet named, make supplemental report, as directed.

3. Sex of Child Female To be answered ONLY in event of plural births. 4. Twin, triplet or other _____ 5. No., in order of birth _____ 6. Legitimate? Yes 7. Date of birth Apr. 1, 1929 Month Day Year

8. FATHER
Full name Klin James Darton
9. Residence (Usual place of abode) Globe Ariz.
If non-resident, give place and state. _____
10. Color or race White
11. Age at last birthday 28 (Years)

12. Birthplace (city or place) Mexico
(State or country) _____
13. Occupation Plasterer
Nature of industry _____

14. MOTHER
Full maiden name Nila Fay Merrill
15. Residence (Usual place of abode) Globe Ariz.
If non-resident, give place and state. _____
16. Color or race White
17. Age at last birthday 32 (Years)
18. Birthplace (city or place) Mexico
(State or country) _____
19. Occupation Housewife
Nature of industry _____

20. Number of children of this mother 3 (Taken as of time of birth of child herein certified and including this child.)
(a) Born alive and now living 3
(b) Born alive but now dead 0
(c) Stillborn 0
21. Were precautions taken against ophthalmia neonatorum? Yes

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE
I hereby certify that I attended the birth of this child, who was Born alive at 100 P.M. on the date above stated
(Born alive or stillborn.)

* When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.
Signature T. C. Harper
(Physician or midwife).

Given name added from a supplemental report _____ Address Globe, Arizona
Month, day, year _____
Filed 5/8, 1929 E. E. Wright Registrar

Registrar

445 - 401 - 5413